DOCUMENT RESUME

ED 338 002 EC 300 744

AUTHOR Edwards, Laura A.; Livingston, Rita
TITLE Reaching Out to All People with Disabilities: A Guide for Consumer and Provider Organizations.
INSTITUTION Pennsylvania Coll. of Optometry, Philadelphia. Inst. for the Visually Impaired.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE 90
CONTRACT H133D80013
NOTE 44p.; Reference list and appendix are printed on colored paper.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Agency Cooperation; *Disabilities; *Minority Groups; *Outreach Programs; *Program Development; *Publicity; Public Relations; Recruitment; Social Integration

ABSTRACT

This guide is intended to help consumer and provider organizations develop programs to find and assimilate individuals with disabilities. The guide has five sections. Section 1 overviews the components of an effective outreach plan including timelines, a calendar of events, the media, success factors, problem prevention, and budgeting. Section 2 discusses potential audiences including: the general public, newly disabled people, and minority groups (e.g., African Americans, the elderly, rural populations, Native Americans). Section 3 explores the message the organization intends to convey and possible formats. The guide discusses referral sources, newsletters, public service announcements, and print media; radio and television publicity; columns and fillers; and electronic bulletin boards. Section 4 provides tips on helping individuals with disabilities from diverse populations fit into the organization. Section 5 suggests ways to work on common goals with other organizations representing disabilities. An appendix provides profiles of five organizations with a comprehensive outreach program. Includes 70 references. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED338002

REACHING OUT TO ALL PEOPLE WITH DISABILITIES:

A GUIDE FOR CONSUMER AND PROVIDER ORGANIZATIONS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC 300744

REACHING OUT TO ALL PEOPLE WITH DISABILITIES:
A GUIDE FOR CONSUMER AND PROVIDER ORGANIZATIONS

by

Laura A. Edwards, Ph.D.
Program Coordinator

and

Rita Livingston, Ph.D.
Research Associate

Knowledge Utilization Program
Institute for the Visually Impaired
Pennsylvania College of Optometry
1200 West Godfrey Avenue
Philadelphia, PA 19141

Prepared under Grant No. H133D80013 from the
National Institute on Disability & Rehabilitation Research

BEST COPY AVAILABLE

TABLE OF CONTENTS

	Pages
SECTION 1: An overview of an outreach plan	1
Outreach goals and objectives	2
Activities, timelines, person responsible	2
A calendar of events	3
Activities connected with the media	3
Success factors	5
Problem prevention & contingency planning	5
The budget	5
Summary and a look ahead	6
SECTION 2: Target audiences for outreach	7
General public	7
Newly disabled population	8
Other special populations	8
--African Americans	8
--Hispanic Americans	10
--Elderly	11
--Rural populations	12
--Native Americans	13
--Asian Americans	15
Summary and a look ahead	17
SECTION 3: The message and outreach strategies	18
Referral sources	18
Local organizations' newsletters	18
Public service announcements (PSA)	19
Community calendar of events	19
Feature stories for print media	20
Letters to the editor and call-in programs	20
Audio news releases (ANR) Video news releases (VNR)	20
Talk shows and Whole programs or series of programs	21
Columns and fillers	22
Day books and wire services	22
Multiple media campaign	22
Systematic approach to the media	23
Electronic bulletin boards	23
Summary and a look ahead	24
SECTION 4: Helping special populations fit in	25
Educate current members	25
Facilitate assimilation	26
Summary and a look ahead	27
SECTION 5: Working with other disability organizations	28
REFERENCES	29
APPENDIX Profiles of comprehensive outreach	35

A GUIDE FOR CONSUMER & PROVIDER ORGANIZATIONS

Some people do not know about your organization and how it could help them. This guide describes a wide range of strategies for reaching out to people who could benefit from your supportive services and activities. People with disabilities may be found in rural as well as urban settings, among all age groups, and in all cultural groups. This guide suggests ways to find and assimilate individuals with disabilities into your organization.

The guide has five sections. Section 1 overviews the components of an effective outreach plan. Section 2 discusses the audiences you may want to reach. Section 3 explores the message you want to convey and formats to use. Section 4 provides tips on helping individuals with disabilities from diverse populations fit into your organization. Section 5 suggests ways to work with organizations representing other disabilities around common goals.

SECTION 1: AN OVERVIEW OF AN OUTREACH PLAN

A comprehensive outreach approach has eleven features.

1. Target audience(s)
2. Needs assessments of the target audience(s)
3. Short and long term goals and objectives for responding to the needs
4. Outreach activities that address those needs
5. A timetable
6. A coordinator of outreach activities
7. Accurate updated mailing lists with a specific individual named
8. An evaluation plan to monitor success
9. Outreach messages and materials that are current, easily understood, positive, structured in such a way as to lead the receiver to "the next level" of information, need or services, and highlight something unique and realistic
10. Repetition of distinct messages in varied forms to maximize outreach to the targeted audience
11. Ongoing research, both formal and informal, for effective outreach

The outreach plan discussed next integrates these features and Appendix A profiles five organizations who illustrate use of these features for comprehensive outreach.

An outreach plan can save time and minimize efforts required to be successful. The plan identifies the target audiences for outreach efforts. It describes the kinds of

messages to convey to those audiences and the strategies for doing so. Formal plans identify goals, objectives, activities, timelines, and the person responsible for each activity. A calendar of events is an essential part of the plan. Other features of outreach plans may include success factors, problem prevention strategies, and a contingency plan if problems should occur. The budget for carrying out the plan is important too.

OUTREACH GOALS AND OBJECTIVES:

What are your outreach goals? Start with goals related to membership or participation. Do you want to increase membership overall, increase membership from a special population, or increase the balance or diversity in membership? Then consider outreach goals that can be linked to public awareness and public education. Do you want to increase the general public's awareness of the disability or of barriers faced by people with a disability as well as inform them of organizational efforts to reduce barriers?

Objectives are the measurable, timebounded milestones along the way to reaching a given goal. For instance, if your goal is to increase membership by 20%, some objectives might be: (1) to educate 10 potential referral sources about the organization by the end of the first quarter of the year; (2) to develop by the end of the second quarter a recruitment process that responds immediately to all inquiries by letter and by phone; (3) to conduct a new member contest among members in quarter three; (4) to prepare a membership-oriented exhibit for the upcoming community fair in quarter four.

If your goal is to educate the public about the implications of the Americans with Disabilities Act (ADA), your objectives might include: (1) to submit an idea for a feature story on someone helped through the ADA (quarter one), (2) to prepare an audio news release on the latest treatment associated with a specific disability (quarter two), (3) to prepare a video news release on ADA regulations affecting the public regarding a specific disability (quarter three), and (4) to conduct an award program for businesses making exemplary accessibility changes (quarter four).

ACTIVITIES, TIMELINES, PERSON RESPONSIBLE:

Once the goals and objectives are clarified the plan spells out the specific activities under each objective. For instance, activities related to conducting an award program may include (1) identifying the criteria for exemplary, (2) identifying an appropriate award (e.g., plaque, monetary), (3) identifying a way to obtain the award (donations? annual budget? other?), (4) informing businesses

of the award opportunity, (5) obtaining nominations for the award, (6) selecting a winner, (7) formally recognizing the winner, (8) contacting the media about covering the award ceremony, (9) providing the media with background material, and (10) keeping records on the winners each year. For each activity identify a start and finish time and a person responsible to see that it is completed.

A CALENDAR OF EVENTS:

In developing a calendar of outreach activities for a year, think in terms of variety and flexibility. Include a variety of activities and use a multitude of channels for outreach, i.e., multiple media. Those activities may include disability or rehabilitation awareness events, fund raising events, contests, awards ceremonies, exhibits, and celebrity personal appearances. The channels may be radio, television, direct mailings, community events, referral contacts, and other personal contacts. The formats may include public service announcements, feature stories, news releases, talk show interviews, or even an ongoing column in the local weekly paper or an ongoing spot on radio or television. The calendar could reflect themes related to the varied seasons and holidays throughout the year.

Schedule your contacts with the media in advance of events so that you can be assured the media will be receptive to your announcements, stories, and requests for media coverage. The program managers and editors at the newspapers, radio stations, and television stations must get to know you and learn to trust your organization to deliver accurate, newsworthy information and stories. That takes time, sometimes as long as nine months. Consistency and accuracy combined with stories that will interest each media's targeted audiences can produce results.

ACTIVITIES CONNECTED WITH THE MEDIA:

The National Library Service (1980) offers some of the following guidelines for preparing and working with the media. Consider these in developing your organization's master outreach plan.

Preparation:

1. Compile and keep updated a list of appropriate media contacts and the dates and topics of contact.
2. Meet those contacts personally.
3. Appoint a media relations coordinator.
4. Prepare a background packet on your program to share with the media contacts. This could include fact sheets about your organization, brochures, awards or recognition.
5. Keep a background file or notebook on the publicity your

organization receives from the newspapers, radio, and television.
6. Decide how you will write, reproduce, and distribute news releases and other publicity materials.
7. Coordinate your efforts with those of other related organizations and agencies.

Doing it:

1. Choose the appropriate publications, editors, and departments to target.
2. Use specialized as well as the general media.
3. Provide your material ahead of deadlines.
4. Besides news releases, write letters to the editors, suggest special angles to columnists and story writers, submit public service announcements, articles, editorial or feature ideas.
5. Vary release dates among competing papers so each gets first release of your press releases.
6. Invite the media to cover your special events.
7. Be cooperative, brief, neat, and accurate.
8. Be hospitable to media people.
9. When submitting story and feature ideas relate your ideas to that media's targeted audiences.
10. Stay in touch with your media contacts.
11. Follow a master plan with flexibility.
12. Don't get upset if a major breaking story competes with yours for media's time.
13. Use state or local newspaper and broadcasting associations to help distribute your material to newspapers and stations.
14. Ask a well-respected community leader to sign or co-sign a cover letter to send with special news releases to the media.
15. Rewrite material from your national office for your local media.
16. Transmit information in writing to support phone conversations.
17. Call a news conferences only when you have a story that requires on-the-scene questions.
18. Keep a file of all materials given to the media and identify who received each story, news release, etc.

Evaluation and follow-up:

1. Inform your members and cooperating organizations when you expect media coverage so they can be involved as part of the audience or helping with follow-up actions, requests, or comments.
2. Keep track of publications and broadcasts to see if, how, and when your materials are used.
3. Focus on the quality as well as the quantity of coverage.
4. Send clippings to the people mentioned in them.

5. Show appreciation to editors who give you good coverage.
6. When editors don't give you good coverage, don't complain. Instead study information used from other organizations and work to make yours more relevant.

SUCCESS FACTORS:

What factors will contribute to the success of your organization's outreach plan? Begin by thinking about what factors are indispensable in maintaining an outreach effort. One factor may be media relations, i.e., responsive and ongoing media contacts. Another factor may be friendly organizational meetings or other activities that attract and keep members. Still another factor may be appropriate timing of outreach efforts with seasonal, holiday, and annual community events as well as with national or global events.

PROBLEM PREVENTION & CONTINGENCY PLANNING:

After you've identified five or six success factors, think of what could go wrong related to those factors. Then determine what you could do to prevent the problem from occurring. Also think of what you might do if the problem does occur. What would your alternatives be for handling the problem? For instance, if the media could not cover an event as planned due to a national or global catastrophe, what could you do for a contingency plan? Hire a technician to videotape the event for you? Or what if a strong relationship with a major newspaper ends when the editor takes a job in another city? What alternatives can you think of now to assure access to that newspaper? Perhaps you could get the leaving editor to identify another liaison and introduce you. The more thinking you do ahead of time the more likely you will have options in case of problems.

THE BUDGET:

Many of the outreach efforts can be carried out at minimal costs. Why? There are many service provider agencies willing to distribute your literature. There are also organizations with newsletters needing fillers and feature stories that your organization could provide. Your organization's nonprofit status gives you still other ways to cut costs. The media is required to provide a certain percentage of public service announcements. For more costly programming, budgets can be kept low by using corporate sponsorship. Corporations often get as many or more benefits from sponsoring public service announcements or public service programs than from paid advertising. Usually it is much cheaper. Their recognition at the end "This program made possible by ABC Company" may be sufficient. Approach first those companies or corporations that have some link to your organization's mission. For instance, the phone company that has special equipment for the deaf

population would be a prime candidate for underwriting a program related to deafness. Another prime candidate may be those companies wishing to protect themselves or consumers from misuse of their products or services. For example, liquor companies have paid for anti-drunk-drinking campaigns.

Look for cost saving strategies first. Then budget the cost items for the year. Cost items may include word processing, copying or printing, graphic designing, postage, phone, awards (if you can't get them donated), training for peer counselors, etc. Personnel costs which generally are the largest chunk of any budget can be minimized by use of volunteers.

SUMMARY & A LOOK AHEAD:

This section of the guide has looked at components of an outreach plan. Those components included goals, objectives, activities, timelines, person responsible, success factors, problem prevention and contingency plans. Section 2 explores the kinds of audiences your organization may want to target for outreach efforts.

NOTES:

SECTION 2: TARGET AUDIENCES FOR OUTREACH

Audiences for outreach efforts may be general or specific. Your organization's mission statement may have targeted potential members who have a specific disability, are family members, or are service providers. Potential members meeting the disability criteria may be found among differing age groups. They may reside in diverse geographical settings. They may come from diverse cultures and speak different languages. They may represent differing socioeconomic levels. They may have experienced discrimination in housing, jobs, schools, recreation, and even services.

As new organizations grow, they may evolve in ways the founders had not expected. Sometimes unintentionally the targeted group becomes even more narrowly defined by who joins the organization such as only people who are young or old, employed or jobless, white or black, middle class or lower class, urban or rural, English-speaking or non-English speaking. Are you satisfied with the current membership? If so, read no further in this section. Skip to Section 3. If, on the other hand, you want to reach diverse audiences who could benefit from what your organization has to offer, read on.

Audiences discussed next include the general public, newly disabled individuals, elderly people, Afro-Americans, Native American Indians, rural residents, Spanish-speaking Americans, and Asian Americans. Many of the discussions identify sources of information and needs of the groups found in the literature on these populations. The references to the literature are given so that readers may use them to seek out additional information.

GENERAL PUBLIC

The general public is a faceless collection of individuals. They include the entire spectrum of political and religious views as well as all levels of education and incomes. They include service providers and clients, physicians and patients, teachers and students, producers and consumers, managers and workers. Each individual is a member of a family, a neighborhood, and a community. Each has his or her own network of friends and acquaintances at work, at school, at the recreational center, or at home. Individuals impressed with an item of news or entertainment are likely to discuss it with someone in their network of contacts. Targeting your message to the general public (of which you are a part) taps into these networks; however, it does so on a hit-or-miss basis. You can reach the general public through the mass media--newspapers, radio, and television--through public wide events or meetings, and

through mass mailings.

NEWLY DISABLED POPULATION

The newly disabled population is a more narrowly defined audience to target for outreach. Outreach to this group is important. They are likely to be able to benefit most from what your organization has to offer. That includes information about resources, latest treatment, and the quality of life with a disability.

The timing of outreach to this group is also very important. While the newly disabled population needs to know that your organization is available to help them, they may not be emotionally ready to accept assistance.

Training for volunteers and peer counselors is necessary to assure that outreach efforts do not harm more than they help. Volunteer and peer counselors need to learn when and how to give information to the newly disabled person. They need to know how to be objective and nonjudgmental or evaluative in their comments. They need to be sensitive to the individual who may be experiencing grief at the loss of abilities they once had. Personnel at the hospital or rehabilitation center can help organizational members identify the best time to approach a newly disabled individual.

Literature left at regular intervals with hospital and rehabilitation center personnel will be useful. Family members can benefit from informative literature as they recognize the disabled status of their loved one and help seek resources for them.

OTHER SPECIAL POPULATIONS

Some populations primarily seek their information from media targeted to their own group rather than media for general audiences. Some populations prefer to rely for information on respected members of their community, friends, family, or churches rather than the mass media. Some people who are not yet citizens may be hesitant to seek out information and available resources to address their problems because they fear it could lead to documentation that could lead to deportation. Understanding uniqueness about a population can help you begin to reach and serve them better.

AFRICAN-AMERICANS:

African-Americans represent a large segment of the disabled population in America; one out of seven report having a work disability (Asbury et al, 1991). They have the

highest prevalence rates among all ethnic minority populations across the South, Northeast, and Mid-Atlantic for blindness, visual impairment, orthopedic impairment, and amputations and in the Midwest for all except visual impairment (Asbury et al, 1991).

African-Americans share a common heritage of slavery and discrimination in employment, housing, recreation, and voting. Beyond that heritage the population is very varied, including the poor and the rich, the uneducated and the educated, the employed and the employers. The states having the largest percentages of African-Americans are D. C., Mississippi, Louisiana, South Carolina, Georgia, Alabama, North Carolina, Virginia, Delaware, Arkansas, Tennessee, New Jersey, Florida, Michigan, and Illinois (USA TODAY, 1991).

Sources of Information

Many African-Americans rely on respected members of their community, friends, family and churches for much of their information. To some degree centers for individuals with handicaps, the electronic media (television and radio), and magazines directed to the African-American population provide awareness and knowledge about services to blacks who are disabled (Walker, et al, 1987; Wright, 1988). Poor people whether black or white appear to get information from clinic doctors, teachers, religious figures, and community leaders. Unfortunately many individuals are not adequately informed about available services nor eligibility criteria for receiving those services (Ruffner, 1984).

Needs of the Group

Advocacy at both the personal and group levels is needed for all African-Americans with disabilities, but especially for parents of disabled children (Wilson, 1987; Walker, 1987). There appears to be inadequate networking among African-Americans for current information about available services and eligibility criteria for those services (Braithwaite & Lythcott, 1989). A high under-representation of minority personnel trained to work with disabled members of the community means that important cultural factors are overlooked in determining appropriate services (Blendon, Aiken, Freeman & Corey, 1989). If the effects of poverty and drug use among all African-Americans were diminished, the incidence of disabilities would likely decrease (Evans, 1989). The barriers to accessing information created by poverty would also be diminished (Blendon, et. al., 1989). There is a great need for better transportation to the sources of services, as well as barrier-free environments at the service location (Zola, 1989). More realistic television portrayals of African-Americans and others with disabilities would help to diminish attitudinal barriers (Berry, 1989).

HISPANIC AMERICANS:

Hispanic Americans refers to people of Spanish heritage, Spanish-speaking, or Spanish-surnamed. Hispanics come from differing cultural backgrounds: Puerto Ricans, Cubans, Dominicans, and Mexicans (Delgado, 1989). In the USA, Mexican-Americans outnumber other Hispanics; Cuban-Americans have the highest incomes and most education (USA TODAY, 1991). The states having the highest percentages of Hispanics are New Mexico, Texas, California, Arizona, Nevada, Colorado, New York, and Florida (USA TODAY, 1991).

Language is the only dominant shared characteristic among the Hispanic population (Delgado, 1989). Hispanics generally seem to respond better to other Hispanics (Jarosh, 1988). However, it appears that English-speaking Hispanics have a greater power base for promoting change within communities than do non-English speaking Hispanics (Swenson, 1988). Products or services offered should be those available to the entire English-speaking population. Hispanics seem not to want products designed for them alone (Mack, 1988).

Sources of Information

The sources of information most frequently used appear to be family, friends, churches (especially priests) and community leaders (Hsia, 1987). However, Hispanics as a group watch 32% more television than non-Hispanics (Spadoni, 1988). The most popular Spanish language television and radio shows appear to be excellent sources for providing information (Engardio, 1988; Spadoni, 1988). They do report, however, that their most trusted source of political news is English television, followed by English newspapers and English radio (Subervi-Velez, 1986). Hispanic-oriented media is preferred by the older age groups, those with lower socioeconomic-economic status, and by gender: television for females and newspaper for males (Subervi-Velez, 1986).

Needs of the Group

There is a need for information to be provided in Spanish (Mack, 1988). While Hispanics for whom English is a second language may be able to read the English words, comprehension may be more limited in English (Jarosh, 1988). The heterogeneity of the population means that their diverse needs must be addressed in providing information or services (Engardio, 1988). Service providers who understand the cultural aspects as well as the disability-related issues are needed (Wright, 1988). Elderly individuals within this population face many of the same problems encountered by all disabled elderly people in spite of their familial or cultural affiliations (Jarosh, 1988; Starrett, et.al.,

(1983).

ELDERLY:

The primary common characteristic of elderly individuals is age and the losses and challenges that come with it. Losses of health, family, friends, jobs, and identity may occur in varying degrees. Members of this population may also be struggling with value dilemmas such as work versus leisure; individual versus family; novelty versus tradition, or self reliance versus dependency. Otherwise senior citizens differ among themselves in personality, preferences, and practices.

For the elderly group in general, there seems to be a discrepancy between the awareness of available services and knowledge of the kinds or scope of services offered by particular agencies. Awareness levels are fairly high, but the specific services offered within an agency often remain a mystery (Krout, 1983). Services which are targeted only toward the elderly population often fail (Krout, 1983; Greco, 1988). Those services or products which are most successful give the appearance of being appropriate across generations (Wolfe, 1988; Greco, 1988). Privacy and independence are key aspects to be considered (Wolfe, 1988). Information that is learned through a formal source (physician, agency, etc.) is more likely to be used; however, elderly individuals appear to be more knowledgeable about services which are learned through informal sources (e.g., family, friends, etc.) (Silverstein, 1984).

Sources of Information

Elderly individuals also rely on family, friends, community, and churches for information (Krout, 1983). The effectiveness of the media in reaching this population differs from its effectiveness with the population in general (Durand, Klemmack, Roff & Tayler, 1980). The most watched television shows are the nightly national news, mystery/drama, or situational comedy shows. *Reader's Digest* is the most popular magazine (Durand, et. al., 1980). For the population in general, different types of television shows (game shows) and magazines are more effective.

Needs of the Group

Elderly individuals appear to want very accurate information. They will take time to check the accuracy of printed information about services or products (Wolfe, 1988). No new information centers appear to be needed; however, the centers which exist need personnel who understand individuals who are elderly and how elderly individuals process information (Durand, et. al., 1980). Services need to be offered with accessible transportation

and physical environments (Krout, 1983). Suggestions for developing an understanding of the needs of individuals who are elderly and communicating the types of services available include: presenting workshops for middle-aged children of elderly individuals; incorporating gerontology into the curricula of elementary and secondary schools; providing in-service for health care providers, including physicians; and developing seminars to be offered through places of work for mail carriers, launderers, grocers, bankers, bus drivers, and others who have frequent contact with this population (Silverstein, 1984).

RURAL POPULATIONS:

According to the 1980 census figures, about 25 per cent of the total U.S. population lives in towns of fewer than 2,500 persons, and 27 per cent live outside standard metropolitan areas. One study indicates that in rural areas disability rates are higher than in the general population (Bornhoeft, Mathsen & Page, 1986). Typically residents of rural areas have lower incomes, higher per capita health care costs, fewer employment opportunities, less adequate and accessible health care facilities, limited educational services and more transportation barriers than do urban residents (Bornhoeft, et. al., 1986).

Sources of Information

For elderly individuals living in rural areas, the radio and television appear to be the most successful means for disseminating program information (Stojanovic, 1972). Formal organizations such as churches and the Extension Service are resources for information dissemination and program implementation (Stojanovic, 1972). Catalogs such as the Rural Rehabilitation Technologies Database (RRTD) appear to be effective in providing access to rehabilitative products to disabled individuals in rural areas. The media in rural areas are responsive to networking approaches that rural social workers have used for years (Martinez-Browley & Browley, 1983).

Needs of the Group

The needs of rural disabled individuals and the services available to them have been the focus of several studies (Bornhoeft, et. al., 1986). Several factors such as farm accidents, long distances to health care facilities, and rural working conditions appear to contribute to the higher incidence of disabilities among the rural population (Bornhoeft, et. al., 1986). For rural individuals who are blind, mobility is a critical issue. Training and the establishment of individuals who are blind in agriculture is a little understood and most neglected area in rehabilitation (Ray, 1986).

Persons living in rural areas tend to be very self-reliant. This characteristic may make them less receptive to the social and medical services which may be available (Bornhoeft, et. al., 1986). Therefore, the effectiveness of rehabilitation programs in rural areas may be limited. This limit results in a lower quality of life for a rural disabled individual than for an urban resident with a comparable disability (Bornheoft, 1986). Self-help organizations such as yours, however, may be welcome.

NATIVE AMERICANS (AMERICAN INDIANS & ALASKA NATIVES):

There are over 1.4 million Indians, Eskimos, and Aleuts, over half of whom reside in metropolitan areas and the rest reside mostly on the 278 reservations and 209 Alaskan villages (Hodge, 1988). Many of the reservations are located in rural, isolated areas (Hodge, 1988). Native Americans are concentrated in the states of Alaska, New Mexico, Oklahoma, South Dakota, Arizona, Montana, North Dakota, Wyoming, Washington, Nevada, Utah, Idaho, Minnesota, and North Carolina (USA TODAY, 1991). The Indian population is younger than the median age for the total USA population. "Over 32 percent of the Indian and Alaska Native population is under 15 years and 45 percent is under 20 years of age" (Hodge, 1988:3). The 1980 Census reported that 23 percent of the families were headed by a woman compared to 14 percent for non-Indian families (Hodge, 1988:3).

Health problems for Native Americans have changed from acute (e.g. smallpox and tuberculosis) to more chronic health problems (heart, cancer, diabetes, substance abuse) in more recent years. Today Indians suffer from disabilities caused from accidents, trauma, and behaviorally related incidents (Hodge, 1988).

Sources of Information

Many Native Americans rely directly upon their own organizations and tribes, federal and state agencies that have offices of Native American Affairs, the Indian Education Association, and Native American educators for information (National Education Association Special Study Committee, 1987). Other special sources of information include boarding schools and community colleges operated by Indian Tribes, State Commissions of Indian Affairs, and museums (Snyder, 1982).

Native Americans are also influenced by key individuals who can directly relay information to the population. In some tribes the native healer influences the patient's healing process (Hodge, 1988). In some tribes the maternal grandmother plays an important role in the family structure. That individual's influence on decisions made within the

family cannot be discounted (Opler, 1965; O'Connell, 1985).

Needs of the Group

Native Americans represent the most economically disadvantaged group in America. They have the lowest average income, lowest educational level, and lowest standard of living (Levitan & Johnston, 1975). In addition, effective services to Native Americans with disabilities is lacking. One reason for services being ineffective is that the unique cultural values, beliefs and practices at the family level are given inadequate attention by service providers. Individuals providing intervention must be sensitive to these familial needs before successful intervention can occur. Care must be taken with all Native Americans to preserve their individuality, values, heritage, language and rituals as important constituents of their culture (National Education Association Special Study Committee, 1987).

The fact that the Native American is struggling to survive as a people provides the underlying cause for their unique needs in attaining information (Wilkinson, 1989). Attempts to assimilate the Native American have resulted in the deterioration of their culture. Hodge (1988:77) found that "the extent of acculturation and its influence on attitudes and service needs is an important factor for the disabled." The majority of disabled Indians interviewed by Hodge considered themselves as both modern and traditional, i.e., in the process of acculturation to the "white" culture. "Many studies have linked depression, alcoholism, suicide, and other escapist behaviors to the influence of acculturation" (Hodge, 1988:77).

Rehabilitation Services Administration data indicate that Native Americans are less likely to be rehabilitated than clients from the general population. Contributing factors include socioeconomic characteristics, the type of disability and the inability of the counselors to locate clients and complete the rehabilitation process (Morgan & O'Connell, 1987). Written forms to be completed by Native Americans are usually written in English and can serve as a barrier to proper communication. Since many Native Americans retain more than one place of residence, written correspondence is often ineffective.

The Indian Health Service that is the primary provider of health care services to reservations does not generally provide physical therapy, prosthesis, and extensive rehabilitation care that some disabled Indians need (Hodge, 1988). Services available to Native Americans with disabilities usually are found in urban areas, forcing the client to choose between home and employment (Morgan & O'Connell, 1987). This choice is most difficult because of

the strong cultural influence of the family, which may be stronger than the influence of the rehabilitation system. Research is needed to identify characteristics of the rehabilitation system that could be used to effectively locate and communicate with these clients (Morgan & O'Connell, 1987).

Disabilities often present health-related issues which lead to stress. A study was conducted with two tribes of Native Americans related to stress. It reported that stressful concerns of elderly Appalachian and Cherokee tribes were associated more with health-related issues (53%) than either family-related (23%), work-related (15%) or death-related (9%) concerns. For the Appalachian group, health-related stress was alleviated by information seeking, as were most of their stress issues. The Cherokee group showed a high frequency of acceptance of all types of stress, and therefore little information seeking. Females showed an absence of any coping mode in the health-related category. The inaction mode occurred most often for females in the aggregate of all life-stress categories. (Chovan & Chovan, 1984). It appears important then to determine for female Native Americans whether easily accessed information would provide the impetus for some mode of action during occurrences of health-related stress.

Because Native American children are afforded the same rights as the adults in their environment, their methods of coping with stress and information-seeking will be limited by the adults' strategies within their environment. Educating Native American children then becomes a high priority but must be approached cautiously (Beuff).

In addressing the complex family structure, use of indigenous paraprofessional aides to work with key individuals, such as the grandmother, facilitates the provision of appropriate services, medication and devices to the family member(s) (O'Connell, 1985). Rehabilitation services for Native Americans perhaps should be targeted to the adolescent and young adult populations. The school systems provide a mechanism for the referral of disabled individuals into the state-federal rehabilitation system. Early transitioning into the system might prevent the person with a disability from developing a reliance on public assistance. That system assists individuals in acquiring vocational and independent living skills, and hence earning power (Morgan & O'Connell, 1987).

ASIAN AMERICANS:

Asian and Pacific Islanders represent at least 32 distinct ethnic or cultural groups (Leung & Sakata, 1988). The 1990 census identified 7.3 million Asians in the United States. They grew by 107% in the last decade and are 2.9% of

the total U.S. population. In 1980 the highest percentages included the Chinese, Filipino, Japanese, Asian Indian, and Korean (Lee, 1989). Among the 260,000 Pacific Islanders, Hawaiians, Samoans, and Guamanians were the largest populations (Lee, 1989). Among Asian Americans born in foreign countries, Vietnamese, Korean, Asian Indian, Filipino, Chinese, Samoan, Japanese, Guamanian lead the way (Lee, 1989). Hawaii has the largest percentage of Asians; California, Alaska, Oregon, Nevada, and Washington have the next highest concentrations of Asians (USA TODAY, 1991).

Inaccurate portrayals of Asians and Pacific Islanders in the media have led many to believe that Asians have few problems (Inocencio, 1987). However, among the 32 groups are unique social, economic, educational, and health problems. Language and cultural barriers have hindered their taking advantage of available resources to address their problems. Treatment of certain Asian Americans during the war have also contributed to barriers facing today's Asian population.

Sources of Information

Formal and informal local community networks are important. For first generation immigrants, traditional family associations exert considerable power in choice and access to health and rehabilitation resources. Churches are important sources for information exchange. Ethnic media--newspapers, radio, and television--provide a vehicle for information access. Only when resources within the local ethnic community have been exhausted will the older Asian seek outside public services (Leung & Sakata, 1988).

Needs of the Group

Immigrants and refugees from this population have a critical need to learn the English language. There is not enough bilingual instruction in the schools nor community programs for adults. This is compounded by the fact that few colleges and universities offer Asian and Pacific Islander languages. These people often are further isolated because of cultural bias possessed by many citizens. This bias has been fostered through textbooks, newspapers, and television references or portrayals of previous wars.

Some Asian and Pacific Islander groups have unique health care needs. However, in order to provide adequate health care services, cultural distinctions must be recognized. Southeast Asian immigrants are much more likely than the general United States population to be carriers of various diseases such as Hepatitis-B, tuberculosis, and intestinal parasites and to be malnourished as well (Judson, et al, 1984). Poverty, unemployment, inadequate housing, reduced health care and poor counseling are prevalent (Lee,

1989). Access to bilingual health care is limited and often unavailable at most facilities, even those serving large numbers of Asian and Pacific Islanders. Restrictive immigration laws further inhibit Asians from seeking health care. If an applicant seeking permanent residency applies for welfare or medicaid assistance, information will be documented that could lead to denial of care or lead to deportation (Lee, 1989).

The misperception that most Asian-Americans are high academic achievers and the most economically successful minority in the United States serves to further isolate these individuals from appropriate services. While the educational level of Chinese-American women has increased dramatically, their entry into managerial and professional positions has not kept pace (Kinder & Katz, 1990). The stereotype of non-assertive and subservient to men may be the critical barrier to these women. Low English speaking proficiency among Asian women affects the level of employment. Better counseling and support services are needed (Kinder & Katz, 1990). Libraries could become the service providers for bilingual services within the community as well as providing access to governmental and community service information (Lee, 1989). Professionals must be knowledgeable about culture and language barriers to be effective (Cheng, 1989). Specific culture barriers in addition to language are dealing with ambiguity and difficulty expressing emotions (Chan, Lam, Wong, Leung & Fang, 1988).

SUMMARY AND A LOOK AHEAD:

Each of these special populations represents a source of new members who have a disability that your organization addresses. They also represent groups who could benefit from public education about disabilities and rehabilitation. Knowing your target audience is a first and necessary step in developing an effective outreach plan.

Section 3 explores the message for each audience as well as the formats in which to place that message. As you read the next section think about how you learned about your organization and how you would have liked to have learned about it.

NOTES:

SECTION 3: THE MESSAGE & OUTREACH STRATEGIES

Now that you have identified potential audiences for outreach efforts, think about what message you want to give each audience. What do you want to say to the general public about your organization? What is the most important thing for newly disabled individuals to understand about your organization? Why should members of special populations get involved with your organization? What can your organization offer them? What point or points (up to a maximum of five) do you want to make to each target audience? Think in terms of your organization's mission and activities and how it can benefit the targeted listener or reader. Think also in terms of your outreach goals.

Once you have decided the points for each audience decide the best format or strategy for getting your message across. Would a brief public service announcement suffice? Or would a colorful feature story get the points across in a more appealing way? Should you explore a one-time-only approach or a long-term continuous approach to getting your message across? Should you use formal or informal, personal or impersonal strategies? The following descriptions of formats and strategies may help you decide which way to present your message(s).

REFERRAL SOURCES:

One major inexpensive source of new members is referrals from service organizations such as state and private rehabilitation agencies, hospitals, clinics, social service programs, and educational institutions. Other referral sources include civic groups such as the Lions, Kiwanis, Jaycees, and Rotary. Phone calls, letters, or presentations to these groups can begin the referral process. Brochures left with them can reinforce their involvement in making referrals. Follow-up contacts enhance it. Referrals from members within your organization are another often overlooked source of potential members.

LOCAL ORGANIZATIONS' NEWSLETTERS:

Many organizations such as libraries, companies, civic clubs, professional associations, schools, hospitals, churches, labor groups, fraternal groups and neighborhood groups publish newsletters. Often the editors welcome material that would be helpful to their readers. Get the editor's name and address and submit material appropriate to the content and audience for that newsletter. Church bulletins and newsletters are key way to reach some ethnic groups.

PUBLIC SERVICE ANNOUNCEMENTS (PSA):

Public service announcements are just that: announcements. Do not confuse them with commercials nor with fund raising efforts. Public service announcements should give information and not seek money or sell products. Most radio and television stations will use public service announcements that give information their targeted audiences want to hear. They use them as fillers. They use them in differing lengths of time: 10-seconds, 15-seconds, 20-seconds, or 60-seconds. Providing the same message in differing lengths increases the chance of use: not use just once but also repeatedly (Planned Communication Services, 1988). Announcements should be newsworthy, factual, timely, and answer the who, what, when, where, and why questions.

You can provide the public service announcement to radio stations on post cards to be read or already pretaped on audiotapes with radio quality sound and content. For television you can provide one page printed announcements or video releases again with television quality sound and content. For the print media provide one to two pages. Use only one side of the paper when typing releases and double or triple space it. Use large type and phonetic spellings of unusual words for broadcasting. Begin the release halfway on the first page to allow space for editorial directions on your copy.

For print media, put the most important facts first and information less important in each succeeding paragraph. Keep sentences, words, and paragraphs short and simple. Use no more than seventeen words per sentence. Use the active voice rather than the passive voice (e.g. identify target audiences rather than target audiences are identified). Use descriptive headlines. For electronic media, again keep sentences short. Repeat important information. Avoid pronouns. Write the way you speak and for reading aloud. "Write for a slightly slower pace for television than for radio. Radio copy usually goes at twenty-five words for each ten seconds; television copy at about twenty words for each ten seconds" (NLS, 1980: 6-2). Address the editors personally when you send your public service announcements.

COMMUNITY CALENDAR OF EVENTS:

If you do not advertise your regular meetings in the media's community calendar of events, it is a good time to start. Most local community papers will be happy to add your programs' meetings to its list. Be sure also to list special events in this calendar.

FEATURE STORIES FOR PRINT MEDIA:

When your organization is planning a special event, interest the media in doing a feature story on one of the individuals involved in the event. Choose someone whose involvement is due to their expertise, a unique or unusual contribution they are making to the event, or a challenge they have had to overcome to participate in the event. Provide enough facts to whet the appetites of the editors to do the story.

LETTERS TO THE EDITOR & CALL IN PROGRAMS:

Use letters to the editor to "say thank you, express a viewpoint, correct a printed fact or statement, and even to announce your services" (NLS, 1980: 5-1).

Consider responding to call-in programs on relevant topics. The audience may be large and the information you share about your organization may find an interested ear.

AUDIO NEWS RELEASES (ANR):

(from Planned Communication Services, 1988)

Consider preparing 20-second audiotaped interviews with physicians, legislators, researchers, or consumers. Radio stations accept feeds by phone of quality audiotapes that are brief and on topics of interest to that station's audience. If you identify enough related interviews, you could explore developing a series for the radio station. Interviews of speakers before a conference can be pretaped, edited, and radio announcer's introductions and bridges added to provide one minute radio stories. Audio news releases work well for announcing new leaders or new products, survey or study results, tie-ins with holidays or events, or statements on current controversial issues. Pay attention to titles, content, and current events when designing your audio news release.

VIDEO NEWS RELEASES (VNR):

(from Planned Communication Services, 1988)

Video news releases can be created locally or nationally with local color added at each distribution point. Either way the organization can reap benefits from developing 90-second interviews in a visual mode. Jon Rosen of Impact Communications in New York suggests answering the following questions before producing a video news release.

1. What do I want to say? (rank order up to five points)
2. Is it television news worthy? (high viewer & visual impact)
3. Who will produce it? (if a tv news journalist, use one who understands your message and can translate it to

broadcasters & viewers)
4. Who will be in charge?
5. How much will it cost?
6. Will the product/service be visible?
7. Who will see it?
8. When should I do it?
9. Is it worth it?
10. What are the alternatives?

When making video releases use B roll, natural sound and narration on a separate sound channel so that the television station can re-package it, if necessary, according to the station's own news format. Stations vary in the size tape they prefer. While more and more are accepting new 1/2 inch formats, "47% prefer 3/4-inch cassette, 40% prefer 1-inch tape and 8% prefer 2-inch tape" (PCS, 1988). Call the targeted stations and ask if they would like to receive a copy and in what size. Even if they reject it, they may discuss what would be more germane to their interests and be receptive to you the next time.

TALK SHOWS:

Talk shows are still another avenue for getting your message out to your organization's stakeholders. To get on a talk show it is important that you be familiar with the show, its host, and its orientation. Relationships established at a station can be used to open up opportunities in talk shows. Choose a talk show speaker from your organization first for their knowledge of the subject, second for their pleasant speaking voice and lack of annoying visible habits. Provide a biographical sketch for the station. Give phonetic spellings for any names hard to pronounce.

Before participating in a talk show it is important to think about and in some instances write out questions the interviewer might ask as well as how you would answer them. Identify three or four major points you want to get across. Use index cards. A dress rehearsal with organizational friends could help reinforce confidence. Other tips include: arrive early; concentrate on the content and not on the cameras, clocks, and controls around you; speak naturally, clearly, directly, and briefly.

WHOLE PROGRAMS OR SERIES OF PROGRAMS:

If you want to provide in depth information on your disability area, you might want to explore sponsoring or developing a whole program or even a series. Broadcasters seek good quality programs that do not cost them anything. They are likely to be interested more if the program you offer provides information not available in current programs. They may also be interested if it helps them draw

a group of new listeners or viewers to their station. The lengths of series may range from 30-seconds to 30 minutes.

COLUMNS & FILLERS:

A weekly column of approximately 400 words could be marketed to selected newspapers. The column could provide information of interest to that newspaper's targeted audience related to health, disability prevention, and rehabilitation. The use of experts on each topic make the column more marketable as does the timing of the topics with those found in other national media.

In lieu of sponsoring the writing of a column consider submitting material to regular staff columnists such as the health, coping, or sports columns. Consider also submitting letters to the "op-ed" page of the paper where guest columns often appear.

Editors often welcome fillers to help complete short columns. Send two to eight lines of facts, especially recent statistics, that would be of interest to that publication's readers.

DAY BOOKS & WIRE SERVICES:

The news media assign reporters to cover events based on day book entries (NLS). These day books list information on the news events scheduled daily. Find out how to get on their day book for your organization's events. Public relations personnel in many organizations may be willing to share such tips with you. Wire services send releases, often by teletype, to the print and broadcast media on a subscription basis. By sending news releases to these wire services, you extend your coverage.

MULTIPLE MEDIA CAMPAIGN:

Another strategy for getting the message out is a multiple media campaign. The campaign would help educate the public or selected populations about the disability, its effects, resources, barriers, related laws, and/or recent research findings. In conducting a mass media campaign Tom Backer (1990) suggests consideration of the following principles.

1. Use multiple media
2. Combine media and interpersonal/community strategies
3. Segment the intended audience
4. Use celebrities to get attention and entertainment programs to sustain attention
5. Provide a simple, clear, and repeated message
6. Emphasize positive behavior more than negative consequences of current behavior

7. Emphasize current rewards, not distant negative consequences
8. Involve key power figures and organizations
9. Take advantage of timing
10. Use formative evaluation, i.e. ongoing evaluation.

A successful campaign uses collaborators. Those collaborators may include mass media product developers, related organizations and agencies, media experts and media trade/professional organizations.

SYSTEMATIC APPROACH TO THE MEDIA:

One award winning outreach effort combined weekly 400 word columns, weekly 20-second radio actualities, six 90-second video releases per year, and supplemental feature stories, press releases, and public service announcements. It took nine months to establish a relationship between the outreaching organization and the media. Once it was established the media began depending on these continuing resources of news and stories. A modified version of such an approach could be built into your organization's outreach plan. Perhaps you might change weekly to monthly or target less formidable media sources or omit the videos. However you choose to do it, systematic and continuous outreach will pay the greater dividends.

ELECTRONIC BULLETIN BOARDS:

Technology has provided still other approaches to outreach. By using modems with appropriate software to connect your phone and computer, you can send messages to varied electronic bulletin boards around the world. For instance you could call SERIES at (503) 346-2643 to inform Independent Living Centers nationwide of your organization and its unique services. Or you could join Compuserve or other such electronic networks and participate in varied forums without leaving your office. As you participate you spread the word about your program to the thousands of users of bulletin boards. The latest Directory of National Information Sources on Disability published for the National Institute on Disability and Rehabilitation Research list varied electronic bulletin boards and databases that may be of interest to your organization and your outreach efforts.

SUMMARY AND A LOOK AHEAD:

The outreach strategies described in Section 3 if used could help your organization grow. Those strategies included developing referral sources, using public service announce-ments, offering feature story ideas, providing print, audio, or video news releases, weekly community calendars of events, multiple media campaigns, and the systematic approach.

The next section suggests some ways your organization could help members of diverse cultures, age groups, or places of residence become satisfactorily assimilated into your organization.

NOTES:

SECTION 4: HELPING SPECIAL POPULATIONS FIT IN

Organizational change is never easy. However, the rewards can be tremendous. If your organization has not reached out to the many diverse populations who have disabilities discussed in section 2, we encourage you to do so. They can enrich your program. To help them fit in, prepare your current members.

EDUCATE CURRENT MEMBERS:

Begin the process first by working with the present membership. Help create a positive receptive attitude toward special populations. You can do this in several ways. Plan a program on myths and stereotypes about disability and the effects of prejudice and negative attitudes. Then discuss how racial myths and negative stereotypes sometimes prevent people with disabilities from participation in organizations and services that could help them. Emphasize the importance of treating each disabled person and each minority person as an individual. Remind members of your organization that the common bond among the members is the disability and the desire to improve the quality of their lives. Explore with them the advantages of including special populations in your organization.

Before launching a major outreach effort, suggest ways they could learn about those populations. If your group is large enough, invite people to get into small groups to study one of the special populations. Each group would study a different population. They would invite representatives of the group to speak about their experiences with disability in their respective culture. In addition, they might read about the group in books at the public library along with information from this guide. Then at a later meeting they would report their discoveries. If your group is small, study one new population and its experiences with the disability. Integrate these studies with other topics in your year-long program. Reinforce this learning by writing articles on different minority populations in your newsletters.

When studying a different culture, seek to understand how they perceive time, the roles of men and women, the use and organization of interpersonal space, and nonverbal expressions. For instance, Americans conceptualize time in terms of past, present, and future; but not all cultures view it that way. Some cultures such as Japanese or Navajo Indians focus on the immediate experience. They 'feel' time rather than 'clock' it. The language of the Sioux Indian has no words for 'time,' 'late,' or 'waiting.' Maintaining distance from the person during a conversation may be a sign of respect in some cultures. Also consider studying the

meaning of nonverbal expressions as well as verbal ones. Silence and smiling are important forms of communication in Japan. For example, "The Japanese child is taught to smile as a social duty so that he will always show an appearance of happiness and avoid inflicting sorrow upon his friends" (Porter & Samovar, 1990). While some people are natural touchers, others are not. It is important, therefore, to avoid automatically touching others until a relationship has developed and an evaluation made of whether touching is acceptable.

Major resources for studying cultures include books on intercultural communication such as those authored by Larry A. Samovar and Richard E. Porter and Culturgrams produced by the BYU Language & Intercultural Research Center, 240 B-34, Brigham Young University, Provo, Utah 84602. The National Resource Center on Health Promotion and Aging at the American Association of Retired Persons in Washington, DC has developed and distributes for short or long-term loans a videotape, brochures, and booklets related to health promotion programs and minority elderly populations. References at the end of this Outreach Guide may also provide additional ideas for assimilating diverse populations into your organization.

FACILITATE ASSIMILATION:

Facilitate assimilation by promoting friendliness toward newcomers regardless of whether they are from a different cultural background or not. Model the behavior yourself as a leader and appoint members to greet visitors.

Invite members to contribute to creating a more culturally diverse display on the walls and about the room. Encourage members to assess their home environments and the messages they convey to their children about cultural diversity.

Invite new members, especially those who appear outgoing and willing, to talk about their experiences with a disability. Later after they are more integrated, encourage them to talk about their cultural heritage.

Consider also the location of your meetings. Is it in a predominantly "white" part of the city or county? Is there a more culturally neutral location where members of minority groups would feel they were welcomed?

Next activate your outreach efforts as discussed in Section 3. Assess your community and its racial composition. Identify the size of each minority population and their levels of concentration in various parts of your community. Actively recruit disabled members of minority population through local minority media, churches, and minority

community leaders. Visit minority communities, ideally with a representative of that group, and personally invite people to your events and meetings. Repeat your invitation at different times and in many different ways (e.g., media, letter, or in person) to reassure them they are wanted.

A SUMMARY AND A LOOK AHEAD:

Helping people of different cultures fit into your group can be very rewarding for group members. They may gain new perspectives on their own disabilities. They have opportunities to share their stories and their triumphs with a wider audience. They may gain new ideas for coping and for improving the quality of their own lives. For the new culturally diverse members they gain peer support and information your group has to offer.

The last section discusses ways to collaborate with other organizations in reaching out to people of different cultures, ages, and geographical locations.

NOTES:

SECTION V: WORKING WITH OTHER DISABILITY ORGANIZATIONS

From time to time outreach efforts are best accomplished collectively among organizations having a common goal. If local disability organizations choose to work collaboratively such as on information giving around the Americans with Disabilities Act, they will need to organize themselves. Many of the features of coalition building written by Frank Bowe, Jan Jacobi, and Lawrence Wiseman in 1978 still apply today. Successful coalitions require: a common concern, recognition of common concerns by each potential member, and perceptions by each member that joint action will be more beneficial than individual action. Explore the common concern among disability organizations in your community. Look for ways to collectively support the recent Americans with Disabilities Act.

Organizers who structure successful coalitions promote linkages between diverse groups, respect the autonomous efforts of existing groups, do not further fragment existing approaches, and attract participation with minimal recruitment. Identify the leaders in your community among the disability groups. Approach them about developing or expanding a coalition. Identify ways to collaborate on public education activities and to share the costs.

To maintain the organized effort requires--

-- continual reinforcing of the communality of needs, interests, and aims which originally brought the group together;
-- continual assuring members of their autonomy within the broad framework of the group;
-- avoiding becoming a competitive force within the broad framework of the group;
-- offering members opportunities to build patterns of cooperation through joint activities;
-- helping members perceive the organized effort as successful.

SUMMARY:

This guide has suggested ways to reach out to populations not yet served by your organization. We have suggested ways to develop a plan for outreach and described differing populations to address in that plan. We have discussed the message and the varied forms in which this message can reach the designated populations. We have concluded with a few suggestions on helping special populations fit in and working collaboratively with other disability groups. Use the references that follow to build your organization's library of resources for successful outreach.

REFERENCES

American Indian/Alaska Native Concerns Study Committee, (June, 1987). Report. Washington, D.C.: National Education Association.

Asbury, C. A., Walker, S., Maholmes, V., Rackley, R., & White, S. (1991). Disability prevalence and demographic association among race/ethnic minority populations in the United States: Implications for the 21st Century. Washington, D.C.: The Howard University Research and Training Center for Access to Rehabilitation and Economic Opportunity.

Asian and Pacific Islander Concerns Study Committee (1987). Report. Washington, D.C.: National Education Association.

Backer, T. E. (1988). Comparative synthesis of mass media health behavior campaigns. Knowledge, 11(3), 315-329.

Basso, K. H. (1971). To give up on words: Silence in western Apache culture. In K. H. Basso & M. E. Opler (Eds.), Apachian cultural history and ethnology (pp. 151-161). Tucson: University of Arizona Press.

Bielecki, R.A. & Jones, C. (1986). Results of the Vocational Rehabilitation Survey, Pacific Basin. Honolulu, HI: Pacific Basin Rehabilitation Research and Training Center.

Berry, G. L. (1989). Educational needs of blacks which could be addressed by public broadcasting. Reston, VA: Sheraton International Conference Center.

Beuff, A. H. (ND). The schools and the rights of Native American children. Indian Education Association, 34-36.

Blackketter, D. (1989). Health needs of the Native American which could be addressed by public broadcasting. Reston, VA: Sheraton International Conference Center.

Blendon, R. J., Aiken, L. H., Freeman, H. E., & Corey, C. R. (1989). Access to medical care for black and white Americans: A matter of continuing concern. Journal of the American Medical Association, 261(2), 278-281.

Bomboy, Robert (1990). Winner of the meritorious achievement award of the Hospital Association of Pennsylvania Public Relations and Marketing Society. Unpublished.

Bornhoeft, D. M., Mathsen, D. V., & Page, C. M. (1986). Rural rehabilitation technologies. In Engineering

Experiment Station and the Medical Center Rehabilitation Hospital, Rural Rehabilitation Technologies Database, 171-180.

Bowe, F. G., Jacobi, J. & Wiseman, L. D. (1978) Coalition building. Washington, D.C.: The American Coalition of Citizens with Disabilities, Inc.

Braithwaite, R. L. & Lythcott, N. (1989). Community empowerment as a strategy for health promotion for black and other minority populations. Journal of the American Medical Association, 261(2), 282-283.

Bryde, J. F. (1971). Indian students and guidance. Boston: Houghton Mifflin.

Chan, F., Lam, C. S., Wong, D., Leung, P. & Fang, X. (1988). Counseling Chinese Americans with Disabilities, Journal of Applied Rehabilitation Counseling, 19(4).

Cheng, L. L. (1989). Service delivery to Asian/Pacific LEP children: A cross-cultural framework. Topics in Language Disorders, 9(3), 1-14.

Chovan, M. J. & Chovan, W. (1984). Stressful events and coping responses among older adults in two sociocultural groups. The Journal of Psychology, 119(3), 253-260.

Cummings, R., Huntley, L., Kelly, S. M., & Varney, J.M. (1986). Demographic data base and rehabilitation resources of Pacific Nations. Honolulu, HI: Pacific Basin Rehabilitation Research and Training Center.

Cunningham, K., Cunningham, K. & O'Connell, J. C. (1985). Impact of differing cultural perceptions on special education service delivery. Rural Special Education Quarterly, 8(1), 2-8.

Delgado, J. (1989). Health needs of Hispanics which could be addressed by public broadcasting. Reston, VA: Sheraton International Conference Center.

Dodd, J. M. & Ostwald, S. W. (October 20, 1989) Multicultural implications for teachers. A presentation at MEA-CEC in Great Falls, Montana.

Durand, R. M., Klemmack, D. L., Roff, L. L., & Taylor, J. L. (1980). Communicating with the elderly: Reach of television and magazines. Psychological Reports. 46, 1235-1242.

Engardio, P., Konrad, W., Grover, R., Davis, J. E. & Therrien, L. (1988). Fast times on avenida madison.

Business Week, 62-67.

Evans, T. (1989). Health needs of blacks which could be addressed by public broadcasting. Reston, VA: Sheraton International Conference Center.

Frank, L. W. (September 9-12, 1986) American Indians and vocational rehabilitation: A case review study of former clients. Student Research Finalist, Native American Rehabilitation, National Research Symposium. Scottsdale, Arizona.

Greco, A. J. (1988). Representation of the elderly in advertising: Crisis or inconsequence? Journal of Services Marketing, 2(3), 27-34.

Hodge, F. (1990). Disabled American: A special population requiring special needs. American Indian Culture and Research Journal, 13(3 & 4), 83-104.

Hsia, J. J. (1987). The health-information seeking behavior of the Mexican-Americans in west Texas. Health Marketing Quarterly, 4(3/4), 107-117.

Inocencio, E. B. (1987). Testimony and comments of the Asian American national network of information and employment. National Education Association Special Study Committee of Asian and Pacific Islander Concerns. Washington, D.C.: National Education Association.

Jarosh, F. J. (1988). The needs of elderly visually impaired Hispanic Americans. American Foundation for the Blind News, 23(3), 6.

Judson, F. N., et. al. (1984). Health status of southeast Asian refugees. West Journal of Medicine, 141, 183-188.

Kinder, Robin & Katz, Bill (1990). Serials & Reference Services in Reference Librarian No. 27 & 28. Binghamton, NY: Haworth Press.

Krout, J. A. (1983). Knowledge and use of services by the elderly: A critical review of the literature. International Journal on Aging and Human Development, 17(3), 153-167.

LaFramboise, T., Dauuphinais, P., & Lujan, Pl (1981). Verbal indicators of insincerity as perceived by American Indians. Journal of Non-White Concerns in Personnel and Guidance, 9, 87-94.

Lee, D. A. (1989). Health needs of Asian and Pacific Islanders which could be addressed by public

broadcasting. Reston, VA: Sheraton International Conference Center.

Leung, P. & Sakata, R. (1988). Asian Americans and rehabilitation: Some important variables. Journal of Applied Rehabilitation Counseling, 19(4), 16-20.

Lonetree, G. (1990). Service, resource and training needs of American Indian vocational rehabilitation projects. American Rehabilitation, 16(1), 11-15.

Mack, R. E. (1988). Tapping into the Hispanic market: A golden growth opportunity. Marketing Communications, 13(3), 54-57.

Martinez-Brawley, E. E. & Brawley, E. A. (19). Rural community mental health prevention through the mass media, Human Services in the Rural Environment, 9(3), 27-30.

Medicine, B. (1980). American Indian family: Cultural change and adaptive strategies. Journal of Ethnic Studies, 8(4), 13-23.

Morgan, J. & O'Connell, J. C. (1987) The rehabilitation of disabled Native Americans, International Journal of Rehabilitation Research, 10(2), 139-149.

National Library Services for the Blind and Physically Handicapped. (1980). Reaching People: A manual on public education for libraries serving blind and physically handicapped individuals. Washington, D.C.: Library of Congress.

O'Connell, J. C. (1985). A family systems approach for serving rural, reservation Native American Communities. Journal of American Indian Education, 24(2), 1-6.

Orlansky, M. D. & Trap, J. J. (April, 1987). Working with Native American persons: Issues in facilitating communication and providing culturally relevant services. Journal of Visual Impairment and Blindness, 81(4), 151-155.

Opler, E. M. (1965). Apache life way. New York: Copper Square Publishing.

Planned Communication Services. (1988). Doing well by doing good: Corporate-sponsored PSA's. Unpublished handout from a presentation at the National Media Conference and Public Relations Forum held in New York City.

Planned Communication Services. (1988). Avoiding PSA pitfalls. Unpublished handout from a presentation at

the National Media Conference and Public Relations Forum held in New York City.

Planned Communication Services. (1988). Broadcast PR's least-known tool: Radio actuality. Unpublished handout from a presentation at the National Media Conference and Public Relations Forum held in New York City.

Planned Communication Services. (1988). Most 'active' move: Syndicate programs. Unpublished handout from a presentation at the National Media Conference and Public Relations Forum held in New York City.

Ray, C. H. (1986). The rural blind. In Bornhoeft, Mathsen & Page (Eds.). Rural Rehabilitation Technologies Database, p. 143-170.

Rosen, Jon. (1988). Ten questions to ask before producing a video news release. Unpublished handout distributed during a presentation at the National Media Conference and Public Relations Forum held in New York City.

Ruffner, R. H. (1984). The invisible issue: Disability in the media. Rehabilitation Digest, 15(4),

Samovar, L. & Porter, R. (1985). "Nonverbal Interaction." In L. Samovar & R. Porter (Eds). Intercultural Communication: A Reader. Belmont, CA: Wadsworth.

Samovar, L. & Porter, R. (Eds.) (1988). "Approaching Intercultural Communication." In L.A. Samovar & R. E. Porter (Eds.). Intercultural Communication: A Reader (5th Ed.). Belmont, CA: Wadsworth.

Samovar, Larry A. & Porter, Richard E. (1991). Intercultural Communication: A Reader (6th Ed.). Belmont, CA: Wadsworth, Publishing Co.

Shepardson, M. & Hammond, B. (1970). The Navajo mountain community: Social organization and kinship terminology. Los Angeles: University of California Press.

Silverstein, N. M. (1984). Informing the elderly about public services: The relationship between sources of knowledge and service utilization. The Gerontologist, 24(1), 37-40.

Snyder, F. (1982). Native American directory. San Carolos, AZ: National Native American Co-operative.

Spadoni, M. (1988). Language debaters fluent in defense. Advertising Age, September 26.

Stojanovic, E. J. (1972). The dissemination of information

about medicare to low-income rural residents. Rural Sociology, 37(2), 253-260.

Subervi-Velez, R. A. (1986). The mass media and ethnic assimilation and pluralism: A review and research proposal with special focus on Hispanics. Communication Research, 13(1), 71-95.

Sue, D. W. (1981). Counseling the culturally different: Theory and practice. New York: John Wiley & Sons.

Swenson, C. A. (January-February, 1988). How to sell to a segmented market. The Journal of Business Strategy, 18-22.

Walker, S., Fowler, J. W., Nicholls, R. W., & Turner, K. A. (Edited). (1987). Building bridges to independence: Employment successes, problems, & needs of black Americans with disabilities. Proceedings of the National Conference. Washington, D.C.: President's Committee on Employment of the Handicapped.

Widowed Persons Service (1990). Celebrating diversity: A learning tool for working with people of different cultures. Washington, D.C.: American Association of Retired Persons.

Wilson, M. E. (1987). Critical factors in the employment success of black Americans with disabilities. In Walker, Fowler, Nicholls & Turner (Eds.). Building bridges to independence: Employment successes, problems, and needs of black Americans with disabilities. Proceedings of the National Conference. Washington, D.C.: President's Committee on Employment of the Handicapped.

Wilkinson, Gerald (April 23-25, 1989). Educational needs of Native Americans which could be addressed by public broadcasting. Presentation at the Corporation for Public Broadcasting's Symposium on Assessing the needs of diverse audiences held in Reston, VA.

Wolfe, D. B. (1988). Learning to speak the language of the new senior. Marketing Communications, 13(3), 47-52.

Wright, T. J. (1988). Enhancing the professional preparation of rehabilitation counselors for improved services to ethnic minorities with disabilities. Journal of Applied Rehabilitation Counseling, 19(4), 4-10.

Zola, I. (1989). Toward the universalizing of a disability policy. Reston, VA: Sheraton International Conference Center.

APPENDIX A
PROFILES OF ORGANIZATIONS WITH COMPREHENSIVE OUTREACH

Three members of the Regional Information Exchange Networks (New York, Texas, and Massachusetts) who have been involved in identifying exemplary outreach practices met and helped define the criteria to be used to identify exemplary outreach strategies reaching out to people of varied disabilities. The criteria preceding the profiles guided interviews with fifteen organizations to determine the degree to which they address the criteria for exemplary outreach programs. The original fifteen organizations were selected randomly from a prior survey of 100 information service systems among organizations serving people with disabilities. The programs listed below reflect a diversity of strategies for reaching out to consumers. The profiles provide descriptions of how the programs respond to the exemplary criteria shown next:

1. Target audience(s)
2. Needs assessments of the target audience(s)
3. Short and long term goals and objectives for responding to the needs
4. Outreach activities that address those needs
5. A timetable
6. A coordinator of outreach activities
7. Accurate updated mailing lists with a specific individual named
8. An evaluation plan to monitor success
9. Outreach messages and materials that are current, easily understood, positive, structured in such a way as to lead the receiver to "the next level" of information, need or services, and highlight something unique and realistic
10. Repetition of distinct messages in varied forms to maximize outreach to the targeted audience
11. Ongoing research, both formal and informal, for effective outreach

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)
10801 Rockville Pike
Rockville, MD 20852
Telephone: (301) 897-5700
Contact Person: Tom Smith

The American Speech-Language-Hearing Association (ASHA) is a professional organization for speech-language pathologists and audiologists. ASHA certifies professionals who provide speech, language, and hearing services to the public and accredits educational and clinical programs in speech-language pathology and audiology. The association conducts research in communication disorders and in community needs for direct services. They have a public education program

with a consumer division. A task force composed of representatives of organizations for people with communication disorders advises them in their efforts to reach and educate consumers about services and other resources.

Target audiences: This organization targets professionals and individuals with communication disorders. However, because of an array of specific programs offered by ASHA, they also target audiences by ethnic groups, parents of children with disabilities, pediatricians, family physicians, educators, and policymakers.

Needs assessments: The Association uses focus groups such as multi-cultural audiences and consumers of special hearing services to help identify the needs. A recent needs assessment resulted in a three-year emphases on outreach to underserved multicultural groups such as African Americans, Asian Americans, and Hispanic Americans.

Short and long term goals: The identification of short and long term goals guides the development of outreach activities and materials. Every three years ASHA reassesses its goals and areas of emphases.

Outreach activities: They distribute a newsletter, "Let's Talk" as well as specific brochures to target audiences. An 800 number (voice or THY) is available for information requests. They make presentations and set up exhibits at conferences and workshops as well as appear on public service radio and television programs. For their special multicultural outreach effort they use minority-oriented media, organizations, and networks. They also are educating their local members in ways to work with people from culturally diverse backgrounds who have communication disorders.

Timetable: Outreach activities occur on an ongoing basis throughout the year. Time is always allotted for preparation and development of materials and to determine if the strategy works. Suitable time is also allowed to respond to requests.

Coordination: The Director of Information spends 100% of his or her time on developing and coordinating outreach activities.

Specific mailing lists: ASHA disseminates written materials to specific individuals and organizations. Staff update their mailing lists on an ongoing basis. They do not mail blindly.

Evaluation and outreach materials: Advisory boards, focus groups, and other internal and external sources evaluate

programs, and contact previous users to obtain feedback on whether needs were met.

Outreach activities: As an organization that impacts directly on creating employment opportunities for consumers, they develop their varied outreach activities to be accessible and responsive to their targeted groups' needs. They disseminate brochures and a quarterly magazine to organizations and individuals interested in the employment of people who are blind. They receive calls from government customers via an 800 number. They make presentations at conferences and workshops.

Coordination: Generally, the organization's Director of Rehabilitation Services assists NIB's associated industries in developing outreach programs. NIB's Public Information Officers develop brochures, press releases, feature articles, and other publicity materials.

Specific mailings: Depending on the written material disseminated, mailings are addressed to specific individuals such as rehabilitation professionals or organizations. Mailings are generally made on a quarterly basis.

Evaluation: An internal evaluation including the use of comparative employment and placement statistics as well as an external evaluation by the President's Committee for Purchase from the Blind and Other Severely Handicapped ensures that the outreach message is effective.

Repeated messages: Messages are provided in a variety of formats and the same or similar messages are sent to the target audiences via varied channels.

Research: Informal research includes contacting other related programs to identify new and different strategies for outreach.

MARC INC.
57 Hollister Street
Manchester, CT 06040
Phone: (203) 646-5718
Contact Person: Laurie Prytko

Parents founded Marc Inc. in 1952 to improve the quality of life for intellectually challenged individuals. Today the scope of their services and advocacy extends to every facet of their community and to the human rights of every individual. Since the 1980's they have developed retail businesses (e.g., Marc Bakery Coffee Shoppe, Jenny's Bakery Coffee Shoppe, Secondhand Rose), the Marc Daycare service for children, and opened a Senior Citizen Center in a busy shopping plaza. They have trained and placed reliable workers in dozens of area businesses and government and

outreach activities to ensure that the message is clear, positive, realistic, and current. Feedback regarding the effectiveness of different outreach activities are obtained by responses to a consumer satisfaction survey. Focus groups and staff members also complete formal evaluations.

Outreach messages: The Association sends outreach messages to target audiences on a regular and repeated basis in a variety of formats. They convey similar messages using different information channels such as the media, public service, advertising, networking, and training. Their messages address the needs of people with communication disorders and the culture diversity that may affect the effectiveness of services to each individual.

Research: ASHA has recently completed consumer research on multicultural needs, attitudes, and methods of effectively reaching these populations. Their report, "Multicultural outreach programs focus group research," is available upon request. They plan to target certain areas of the country for more extensive outreach efforts. They continue to study community needs for direct communication disorders services and ways to best respond to those needs.

NATIONAL INDUSTRIES FOR THE BLIND
524 Hamburg Turnpike
Wayne, New Jersey 07474
Phone: (201) 595-9200
Contact Person: Robert Hanye

National Industries for the Blind focuses on employment opportunities for people who are blind or multiply handicapped and blind. They allocate government purchase orders among qualified workshops for the blind. They work closely with the President's Committee for Purchase from the Blind and Other Severely Handicapped. They train and consult with industries for the blind in the areas of management, mechanical and industrial engineering, quality assurance, product research and development, vocational rehabilitation services, and subcontract procurement. NIB works with nonaffiliated agencies to help them comply with special requirements for obtaining contracts. They also work with representatives in industries to create employment opportunities for blind persons.

Target audiences: Their target audiences include people who are blind and who may also have other disabilities. They also target industries for the blind and industries who may potentially work with people who are blind.

Needs assessments: To assess needs of their target audiences they seek input from advisory board members and review the literature and research data. They pay attention to requests for information, gather outreach information from other

They keep their mailing lists updated continuously.

Repeated messages: They send the same or similar messages to their target audiences on a regular basis using different information channels.

MONTANA STATE LIBRARY FOR THE BLIND AND PHYSICALLY HANDICAPPED
1515 East 6th Avenue
Helena, Montana
Phone: (406) 444-2064
Contact Person: Sandra Jarvey

Reading materials for visually and physically handicapped persons are provided by the United States Government through the Library of Congress and made available through regional libraries. The Montana State Library is one of these regional libraries.

Target audiences: This specialized library serves people of all ages within their geographically designated area. They target activities to people who qualify for their services (e.g., totally blind, visually impaired within specified range, learning disabled with organic dysfunctions, and physically handicapped who cannot hold or turn pages in a regular book). They also target information about their services to family members, health and rehabilitation professionals, public librarians, and civic groups.

Short and long-term goals: While the government has structured the parameters for services of regional libraries, this library identifies its areas of emphases. They are planning a special children's program to encourage reading for fun i.e., through a summer reading program.

Outreach activities: They disseminate brochures and a quarterly newsletter to inform audiences of their services. An 800 number is available for information requests and presentations are made at conferences and workshops. They provide materials in audio and braille formats as well as print. They participate regularly in interviews on the radio reading service aired on two Radio Services for the Blind in the state of Montana.

Coordination: The director of the library is responsible for all outreach activities. Staff members assist in this effort.

Targeted mailings: When written materials are disseminated, the mailings go to specific individuals or organizations. They update mailing lists continually.

Repeated messages: They present messages in varied formats over different channels.

provided supported employment services. They also provide supported living services that shift the focus of residential services to individual choice, full participation, natural supports, community networks, and staff support versus staff supervision. To round out their services they also sponsor recreational activities.

Target audiences: This agency identifies specific audiences based on age, occupation, disability, and/or ethnic group. They have an active Advisory Board who represent members of various groups and advise the agency on needs. They work closely with town officials, the Chamber of Commerce, and civic groups.

Short and long term goals: Outreach materials reflect measurable agency goals (one to five years).

Needs assessments: Consumers, family members, advisory groups, civic groups, members of the chamber of commerce, and government officials identify their respective needs. Marc Inc. matches needs of targeted groups to help improve the quality of life of people with developmental disabilities.

Outreach activities: Marc Inc. distributes a newsletter, 'The Lantern', and brochures to specific audiences throughout the year. They have an 800 hotline number. They also reach the consumer as well as the professional by making presentations at state conferences, local high schools, church meetings, etc. They participate regularly in town events (products shows, feast fest, etc.) and community causes (tag sale for the homeless, seasonal food baskets for needy families, etc) as well as jointly sponsor fund-raisers (auctions, dinners, concerts, etc.).

Evaluation and research: To determine the effectiveness of Marc's different activities, they collect data from users of their services and analyze the data for impact and satisfactoriness. Internal and external evaluations as well as Advisory Board Reviews help them measure the effectiveness of outreach. Marc Inc. also contacts other programs to learn of new and different outreach strategies.

Timelines: Before developing new outreach activities, staff consider time for preparing the materials, responding to requests likely to be generated by that activity, and evaluating the effectiveness of that activity.

Coordination: The Executive Director and Agency Director spend about one-third of their time on outreach activities. The Advisory Board also provides assistance and guidance.

Mailing lists: They conduct one major membership drive per year which includes a major mailing to all audiences yearly.

Evaluation and research: Every two to three years they survey their primary audience to obtain feedback regarding the effectiveness of different outreach activities. Their automated circulation system helps facilitate conducting the survey and the analysis of responses. Their long range plans include developing the research capacity of the library so that formal and informal research will become a continuous function of the outreach program.

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED (NAVH)
22 West 21st Street
New York, NY 10010
Phone: (212) 889-3141

The National Association for Visually Handicapped is a national organization providing information, referral, and direct services. They have a free mail loan library of large print books, offer a wide variety of visual aids in visual aids rooms in New York and San Francisco, serve as advocates for the partially seeing population to government agencies, offer adult and senior self-help groups in New York and San Francisco, and offer counsel and guidance to adults with partial vision, their families, and service providers.

Target audiences: They focus on people with partial sight, family members, and professionals. They also work with government agencies on behalf of people with partial sight.

Needs assessments: They use a wide variety of sources to learn about the needs of their target audience. They rely on advisory board input, literature reviews, requests for information, follow up of previous users, research data and information from other outreach programs.

Outreach activities: They produce two newsletters in large print (one for children and one for adults) and brochures, as well as an information kit. These are provided in accessible formats for persons with vision impairments. NAVH also presents at conferences and symposiums. Activities are offered annually and/or several times a year, depending upon the specific activity.

Goals: Outreach materials are developed to reflect the long term goals of NAVH.

Coordination: The Founder/Executive Director is the individual designated to handle outreach.

Mailing lists and repeated messages : They continually update mailing lists. They present messages in a variety of formats, repeat them often, and disseminate via different information channels.